

EIPRP 2/21/08

Chair: Thomas Simpatico

Attendees: Steve Barden, Scott Perry, Kate Plummer, Janet I., Jane Winterling, Fran Levine, Anne Jerman, Jackie (attending as a member of the public)

#### Review of EIPRP data

Dr. Simpatico discussed the graphs and reports showing episodes of seclusion, restraint, and emergency involuntary medication at VSH. There was a discussion of how it would be nice to see a different selection of information as the reports currently show straight numbers of incidents, versus showing correlations between those numbers and the number of patients on the unit, the level of acuity, etc.

Jackie asked how often patients in restraints are checked on. Fran told her it was at least once per hour.

Jane asked if there was a correlation between restraints and emergency involuntary medication (EIM increasing when restraints were decreasing), looking at the graphs. Scott Perry said he would try to get a better graph that would show all the different at the same time, as it would be easier to see any correlations that way.

Jackie asked if patients attempting self-harm were more likely to be treated with restraint, seclusion, or involuntary meds. The staff agreed that it depended on the individual situation, as in some cases moving a patient into seclusion wouldn't redirect them. Jackie asked if there was use and awareness of DBT and other alternatives. Fran said she thought there was definitely more awareness of other methods.

Jane Winterling described sensory rooms and talked about how the modalities available there (weighted blankets, ice cubes, etc.) can help patients to deescalate. Tom and Jane discussed the use of "hug boxes" and how helpful it would be to have those available to patients. They were hopeful that these sorts of resources would be made available by the grant money. Jane mentioned that the grant money could also be used to bring consumer speakers to the hospital. It was asked whether music could be made available to patients, and Fran mentioned that the problem was that there was no way to control what was available on the radio. The idea of a Sirius subscription was brought up, that patients could perhaps use wireless headphones to listen to certain channels.

Fran asked if a survey could be done of patients, consumers, and people outside of the hospital, asking what techniques work for them? Jane suggested that a website could be put up, inviting people from all over the country to talk about what works for them. Jane and Jackie suggested that it could be put on [vermontrecovery.com](http://vermontrecovery.com) – she can approach Steven Morgan about hosting a survey. Jackie said the survey would be very useful, as each individual may have learned different skills. She said that she had had a very good

experience with the use of restraints being helpful for her at VSH, but that that certainly wasn't the case for everyone.

Dr. Simpatico asked Jackie how she would defend the use of restraints to someone who believes that they're unilaterally bad. Jackie said that she found them useful for helping her get to a point where she knew that she had control. She could reach a place where she could speak reasonably with staff, and move on to the next step. She said it helps you think about other things you can do – gives you breathing room. She said that everyone's different, though, so people can't imagine this being a helpful thing for them. It's a combination of how they're progressing in recovery and what works for them. It was helpful for her, she said, to have something that was stopping her from self-harm, because she couldn't help herself. That got much better as she learned more skills.

Jane said that a client had brought up the same thing – that it was our role to teach people how to comfort themselves.

Kate said it would be useful if the reports could show how many episodes of emergency involuntary medication took place outside of incidents of restraint and seclusion – she expects it to show none. Scott said that he didn't believe there was a way to track that currently. Dr. Simpatico suggested adding a box to the CON form that read something like "This EIM was used in conjunction with restraint and/or seclusion." Fran said that it would also be nice to know how long restraints last after the use of EIM.

Jane said that the State used to have funding for people who found equipment like weighted blankets helpful, to buy them for people who applied. Dr. Simpatico said that it would be great if they could give weighted blankets to people who found them helpful when they were leaving. Jackie and Kate discussed how blanket warmers would be a welcome addition to the unit as well.

#### Action Steps:

Survey – Dr. Simpatico will be in touch with Jane regarding posting a survey on [vermontrecovery.com](http://vermontrecovery.com), to see what can be offered.

Pricing on weighted blankets.

Pricing on blanket warmers.